

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
STANDARD ANNULAR PRESSURE TEST

| | | | |
|--------------------|--------------------|---------------------|-----------------|
| Operator | CONSUMERS ENERGY ✓ | State Permit Number | 4826 ✓ |
| Address | | EPA Permit Number | NY-0052D-0002 ✓ |
| | | Date of Test | 9/16/2013 ✓ |
| Well Name & Number | GOODMAN 4 ✓ | Well Type | 2D ✓ |

| | | | | | | | | |
|-----------------|---------|---------|----------|----------|-----------|---------------|-----------|-------|
| Quarter | Quarter | Quarter | Section | Township | Range | Township Name | County | State |
| NE | NW | NW | 22 | 4N | 13W | SAGHEM | Allegan | MI |
| GPS file number | | | Latitude | | Longitude | | Elevation | |
| | | | 42.72272 | | 85.83627 | | | |

| | | | |
|------------------------|------------|-----------------|-----------------|
| Company Representative | GARY ISHAM | Field Inspector | SAM H. WILLIAMS |
|------------------------|------------|-----------------|-----------------|

GAUGE CERTIFICATION

Type Pressure Gauge WIKA } 4 inch face 600 psi full scale 5 psi increments
 New Gauge? Yes ☒ No ☐ If no, date of calibration _____ Calibration certification submitted? Yes ☐ No ☒

TEST RESULTS

| | | | | | | | |
|---------|-----|-----|-----|--|--|--|--|
| Time | 0 | 15 | 30 | | | | |
| Annulus | 350 | 350 | 350 | | | | |
| Tubing | VAL | | | | | | |

WELL STATUS

5 Year ☒ TD# 13-225
 2 Year TA ☐ TD# _____
 Rework after failure ☐ TD# _____
 New Permit ☐ TD# _____
 Enforcement Action ☐ TD# _____
 Annual Class 1 ☐ TD# _____

WELL CONFIGURATION

Casing Size 4 1/2
 Tubing Size 2 3/8
 Packer Type BECKER A3 LOSS
 Packer set @ 1458
 Fluid Return (gal) 12

Test Pressures: Max. Allowable Pressure Change: Initial test pressure x .03 10.5 psi
 Test Pressure change 2 psi

Test Passed ☒ Test Failed ☐ : If failed test, well must shut in, no injection can occur, and USEPA must be contacted within 24 hours. Corrective action needs to occur, the well retested, and written authorization received before injection can recommence.

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|-------------------------|
| COMMENT: |
| RECEIVED OCT 21 2013 |

| | |
|-------------------------------------|----------------------|
| Signature of Company Representative | Date |
| <u>[Signature]</u> | <u>9/16/2013</u> |
| Signature of UIC Field Inspector | Date |
| <u>[Signature]</u> | <u>SEPT 16, 2013</u> |